

RHODE ISLAND  
DIVISION OF  
PLANNING

STATEWIDE PLANNING  
HOUSING AND COMMUNITY DEVELOPMENT  
LOCAL GOVERNMENT ASSISTANCE  
STRATEGIC PLANNING

*State of Rhode Island*  
*Safe Routes to School Program*  
*2007 APPLICATION FORM*



**SafeRoutes**  
National Center for Safe Routes to School



*Please refer to the Rhode Island Safe Routes to School Program (SRTS) Application Guide for detailed instructions on completing this application. For copies of the Application Guide please visit [www.planning.ri.gov/transportation/default.htm](http://www.planning.ri.gov/transportation/default.htm) or contact Ms. Ronnie Sirota, program coordinator at (401) 222-1233.*

## I. APPLICANT INFORMATION

**A. Applicant(s):**

**B. Contact**

**Title:**

**C. Address:**

**D. City:**

**State:** Rhode Island

**Zip Code:**

**E. Phone #:**

**E-mail:**

## II. PROJECT SUMMARY

**A. Project Title:**

**B. Project Elements:** Non-infrastructure ☐ Infrastructure ☐ SRTS Workshop ☐

**C. School Name:**

**D. School Address:**

**E. Grades Served:**

**F. Principal:**

**G. Phone Number:**

**E-mail:**

**H. Municipal Application Priority: #** of projects submitted.

**I. Project Duration:** months

### III. PROGRAM NARRATIVE

**A. General overview:**

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**B. Education component:**

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**C. Encouragement component:**

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**D. Enforcement component:**

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**E. Engineering component:**

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**F. Evaluation component:**

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#### IV. CORRECTION OF SAFETY HAZARDS

**A. Project area overview / characteristics that affect safety for walkers:**

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**B. Severity of safety concerns:**

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**C. Anticipated safety benefits:**

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#### V. POTENTIAL FOR SUCCESS

**A. Eligible vs. actual walkers:**

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**B. Community and school support/list of “champion(s)” and school “team”:**

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## VI. PREVIOUS PLANNING ACTIVITIES

### A. SRTS activities currently underway:

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### B. School Vehicular and Pedestrian Traffic Safety Plan:

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## VII. OTHER FACTORS

### A. Companion initiatives within the facility/vicinity:

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### B. Economically disadvantaged school populations:

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### C. Located within growth center/urban service boundary:

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## VIII. PROPOSED PROJECT TASKS, BUDGET & TIMELINE

| <b>I. Non-infrastructure Element</b> |  |                |                           |
|--------------------------------------|--|----------------|---------------------------|
|                                      | Task/Activity Description:               | Estimated Cost | Estimated Completion Date |
| <b>Task 1:</b>                       |  | \$             |                           |
| <b>Task 2:</b>                       |  | \$             |                           |
| <b>Task 3:</b>                       |  | \$             |                           |
| <b>Task 4:</b>                       |  | \$             |                           |
| <b>Task 5:</b>                       |  | \$             |                           |
|                                      | <b>Total Non-Infrastructure Element:</b> | \$             |                           |
| <b>II. Infrastructure Element</b>    |  |                |                           |
| <b>Task 1:</b>                       |  | \$             |                           |
| <b>Task 2:</b>                       |  | \$             |                           |
| <b>Task 3:</b>                       |  | \$             |                           |
| <b>Task 4:</b>                       |  | \$             |                           |
| <b>Task 5:</b>                       |  | \$             |                           |
|                                      | <b>Total Infrastructure Element:</b>     | \$             |                           |
| <b>III. TOTAL PROJECT COST</b>       |  | \$             |                           |

## X. DESIGNATED FISCAL AGENT

|                      |                            |                  |
|----------------------|----------------------------|------------------|
| <b>A. Name:</b>      | <b>Title:</b>              |                  |
|                      |                            |                  |
| <b>B. Address:</b>   |                            |                  |
|                      |                            |                  |
| <b>C. City:</b>      | <b>State:</b> Rhode Island | <b>Zip Code:</b> |
|                      |                            |                  |
| <b>D. Phone #:</b>   | <b>E-mail:</b>             |                  |
|                      |                            |                  |
| <b>E. Signature:</b> | <b>Date:</b>               |                  |
|                      |                            |                  |

## **XI. APPLICATION ENDORSEMENTS**

By signature of its authorized representatives below, the City or Town certifies its endorsement of and support for this application.

### **A. Chief Municipal Executive**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **B. School Superintendent (*or equivalent*)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **C. School Principal (*or equivalent*)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT ONE ORIGINAL SIGNED APPLICATION AND EIGHT HARD COPIES NO LATER THAN  
4:00 P.M. ON JULY 12, 2007 TO:**

**Rhode Island Division of Planning  
STATEWIDE PLANNING PROGRAM  
One Capitol Hill  
Providence, Rhode Island 02908  
ATTN: Ronnie Sirota, SRTS Coordinator**